

CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION  
 FY2021 GROUP INSURANCE PREMIUM RATES  
**STATE POLICE RETIREMENT – MONTHLY RATES – EFFECTIVE OCTOBER 1, 2020**

For State Police Enlisted Retirees in the Defined Benefit (DB) Retirement Plan

**Note:** Retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, please review the corresponding HMO coverage maps to determine eligibility by visiting [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits) then select "Retiree Information" from the right hand menu.

Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
BCBSM State Health Plan PPO - w/o Medicare	Self	\$44.93	\$853.68	\$898.61	\$916.57
	Self and Spouse	\$89.86	\$1,707.36	\$1,797.22	\$1,833.15
	Self and Child(ren)	\$56.60	\$1,075.33	\$1,131.93	\$1,154.56
	Self, Spouse and Child(ren)	\$104.02	\$1,976.47	\$2,080.49	\$2,122.08
BCBSM State Health Plan PPO - w/ Medicare Parts A&B	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self	\$0.00	\$471.16	\$471.16	\$480.59
	Self and Spouse	\$0.00	\$942.34	\$942.34	\$961.18
	Self and Child(ren)	\$0.00	\$704.50	\$704.50	\$718.58
	Self, Spouse and Child(ren)	\$0.00	\$1,225.66	\$1,225.66	\$1,250.17
BCBSM State Health Plan PPO - 1 w/ Medicare, 1 w/o	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self w/o Medicare, Spouse w/Medicare	\$0.00	\$1,369.78	\$1,369.78	\$1,397.18
	Self w/ Medicare, Spouse w/o Medicare	\$0.00	\$1,369.78	\$1,369.78	\$1,397.18
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$0.00	\$1,653.08	\$1,653.08	\$1,686.14
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$0.00	\$1,653.08	\$1,653.08	\$1,686.14
State Dental Plan	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self	\$4.90	\$44.15	\$49.05	\$50.03
	Self and Spouse	\$8.93	\$80.43	\$89.36	\$91.15
	Self and Child(ren)	\$10.91	\$98.25	\$109.16	\$111.34
State Vision Plan	Self, Spouse and Child(ren)	\$14.94	\$134.55	\$149.49	\$152.48
	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self	\$0.54	\$4.87	\$5.41	\$5.52
	Self and Spouse	\$0.88	\$7.93	\$8.81	\$8.98
Blue Care Network HMO - w/o Medicare	Self and Child(ren)	\$1.23	\$11.09	\$12.32	\$12.56
	Self, Spouse and Child(ren)	\$1.57	\$14.14	\$15.71	\$16.02
	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self	\$218.19	\$853.68	\$1,071.87	\$1,093.31
	Self and Spouse	\$436.37	\$1,707.36	\$2,143.73	\$2,186.61
Blue Care Network HMO - w/ Medicare Parts A&B	Self and Child(ren)	\$292.37	\$1,075.33	\$1,367.70	\$1,395.05
	Self, Spouse and Child(ren)	\$463.10	\$1,976.47	\$2,439.57	\$2,488.36
	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self	\$0.00	\$266.46	\$266.46	\$271.79
	Self and Spouse	\$0.00	\$532.92	\$532.92	\$543.58
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Self and Child(ren)	\$0.00	\$562.29	\$562.29	\$573.54
	Self, Spouse and Child(ren)	\$0.00	\$828.75	\$828.75	\$845.33
	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self w/o Medicare, Spouse w/Medicare	\$0.00	\$1,338.33	\$1,338.33	\$1,365.10
	Self w/ Medicare, Spouse w/o Medicare	\$0.00	\$1,338.33	\$1,338.33	\$1,365.10
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$0.00	\$1,634.16	\$1,634.16	\$1,666.84
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$0.00	\$1,634.16	\$1,634.16	\$1,666.84

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Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO - w/o Medicare	Self	\$471.77	\$853.68	\$1,325.45	\$1,351.96
	Self and Spouse	\$943.54	\$1,707.36	\$2,650.90	\$2,703.92
	Self and Child(ren)	\$594.73	\$1,075.33	\$1,670.06	\$1,703.46
	Self, Spouse and Child(ren)	\$1,019.04	\$1,976.47	\$2,995.51	\$3,055.42
Health Alliance Plan HMO - w/ Medicare Parts A&B	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self	\$0.00	\$370.13	\$370.13	\$377.53
	Self and Spouse	\$0.00	\$740.26	\$740.26	\$755.07
	Self and Child(ren)	\$10.24	\$704.50	\$714.74	\$729.03
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$0.00	\$1,084.87	\$1,084.87	\$1,106.57
	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self w/o Medicare, Spouse w/Medicare	\$325.80	\$1,369.78	\$1,695.58	\$1,729.49
	Self w/ Medicare, Spouse w/o Medicare	\$325.80	\$1,369.78	\$1,695.58	\$1,729.49
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$387.11	\$1,653.08	\$2,040.19	\$2,080.99
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$387.11	\$1,653.08	\$2,040.19	\$2,080.99
Physicians Health Plan - HMO - w/o Medicare	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self	\$451.48	\$853.68	\$1,305.16	\$1,331.26
	Self and Spouse	\$902.95	\$1,707.36	\$2,610.31	\$2,662.53
	Self and Child(ren)	\$569.17	\$1,075.33	\$1,644.50	\$1,677.39
Physicians Health Plan HMO - w/ Medicare Parts A&B	Self, Spouse and Child(ren)	\$973.18	\$1,976.47	\$2,949.65	\$3,008.64
	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self	\$0.00	\$356.00	\$356.00	\$363.12
	Self and Spouse	\$0.00	\$712.00	\$712.00	\$726.24
Physicians Health Plan HMO - 1 w/ Medicare, 1 w/o	Self and Child(ren)	\$0.00	\$695.34	\$695.34	\$709.25
	Self, Spouse and Child(ren)	\$0.00	\$1,051.34	\$1,051.34	\$1,072.37
	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self w/o Medicare, Spouse w/Medicare	\$291.38	\$1,369.78	\$1,661.16	\$1,694.38
Physicians Health Plan HMO - 1 w/ Medicare, 1 w/o	Self w/ Medicare, Spouse w/o Medicare	\$291.38	\$1,369.78	\$1,661.16	\$1,694.38
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$347.42	\$1,653.08	\$2,000.50	\$2,040.51
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$347.42	\$1,653.08	\$2,000.50	\$2,040.51
Priority Health Plan HMO - w/o Medicare	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self	\$546.60	\$853.68	\$1,400.28	\$1,428.29
	Self and Spouse	\$1,093.19	\$1,707.36	\$2,800.55	\$2,856.57
	Self and Child(ren)	\$687.20	\$1,075.33	\$1,762.53	\$1,797.78
Priority Health Plan HMO - w/ Medicare Parts A&B	Self, Spouse and Child(ren)	\$1,186.34	\$1,976.47	\$3,162.81	\$3,226.07
	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self	\$0.00	\$305.00	\$305.00	\$311.10
	Self and Spouse	\$0.00	\$610.00	\$610.00	\$622.20
Priority Health Plan HMO - 1 w/ Medicare, 1 w/o	Self and Child(ren)	\$0.00	\$667.25	\$667.25	\$680.60
	Self, Spouse and Child(ren)	\$0.00	\$972.25	\$972.25	\$991.70
	<b>Option</b>	<b>Retiree Share</b>	<b>State Share</b>	<b>Monthly TOTAL</b>	<b>Monthly COBRA</b>
	Self w/o Medicare, Spouse w/Medicare	\$335.50	\$1,369.78	\$1,705.28	\$1,739.39
Priority Health Plan HMO - 1 w/ Medicare, 1 w/o	Self w/ Medicare, Spouse w/o Medicare	\$335.50	\$1,369.78	\$1,705.28	\$1,739.39
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$414.45	\$1,653.08	\$2,067.53	\$2,108.88
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$414.45	\$1,653.08	\$2,067.53	\$2,108.88